

**FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

OFFICE USE ONLY

(1) Bob Margolis

Candidate, Committee or Party Name

(2) 657 Juniper Place

Address (number and street)

Wellington, FL 33414

City, State, Zip Code

☐ Check box if address has changed

07-07-11A11:53 RCVD

James J. Cullen

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate (office sought): Mayor

☐ Political Committee

☐ Committee of Continuous Existence

☐ Party Executive Committee

☐ Check if PC has DISBANDED

☐ Check if CCE has DISBANDED

(5) REPORT IDENTIFIERS

Cover Period: From 04 01 11 To 06 30 11 Report Type

☒ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	
Loans	\$	300. 00
Total Monetary	\$, 300. 00
In-Kind	\$	

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$, 17. 99
Transfers to Office Account	\$	
Total Monetary	\$, 17. 99

(8) Other Distributions

\$

(9) TOTAL Monetary Contributions To Date
\$, 300. 00

(10) TOTAL Monetary Expenditures To Date
\$, 17. 99

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct and complete.

Craig M. Bachove

Name of ☒ Treasurer ☐ Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct and complete.

Robert Margolis

Name of ☒ Candidate ☐ Chairman
(PC/PTY Only)

X *Bob Margolis*
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name **Bob Margolis**

(2) I.D. Number _____

(3) Cover Period **04/01/2011 through 06/30/2011**

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
		Type	Occupation				
05/ 16/ 2011	Robert Margolis 657 Juniper Place Wellington, FL 33414	I	Retired	LOA			\$300.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name **Robert Margolis**

(2) I.D. Number _____

(3) Cover Period **04/01/11** through **06/30/11**

(4) Page **1** of **1**

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
05/ 26/ 2011	PNC Bank 218 Datura St. West Palm Beach, FL 33401	Bank check charges	MON		\$17.99
001					
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